

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Silver Bow Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage G 28 66 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAGCPH91F099312 707 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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For additional information of		



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<b>Due Dates:</b> All Routes				ounty Supt ber 1	<b>To OPI</b> October 15		Rate Per Mile \$1.57	
County Name			County Number	District Nar	ne		Legal Entity Number	
Silver Bow			47	Butte Pu	blic Schools		0840 1212	
Route #	Length of I	Route	(miles per day)	Type of Se	rvice   Bus Route Mi		Rated Capacity	
SE6	29			Bus Rout	□ Non Bus Mileage Bus Route Mileage		77	
Vehicle I.D. #	Licen	nse #		□ District Ow	District Owned District Owned			
1HVBBABP5YH281187	671				If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	nter the legal	l entity		of state/county	y reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0840	Lega	al Entity		Legal Entity	/	Legal Entity	ty	
% 100.00	%	<u>′</u>		%		%		
PASSENGER INFORMATION	70	0				70	•	
Number of Preschool/Kindergar this route	ten pupils ric	ding	ELEMENTARY I (Grades Pk		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			a NUMBEF	?	b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergarten ri	riders)	THOMBE	`	TYOMBET	<u>`</u>	u i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
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County This Application for Registration area assigned to it by the County	of School B	Bus and	d State Reimbursement		ordance with Section 2 wed and I certify that this			
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Signature - Chair, Board of Trustees

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Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



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County Name			County Number		District Nan	ne		Legal Entity Number
Silver Bow			47		Butte Pub	olic Schools		0840 1212
Route #	Leng	gth of Route	(miles per day)			vice   Bus Route Mi		Rated Capacity
R	84				Bus Rout	□ Non Bus Mile e Mileage	age	77
Vehicle I.D. #		License #			□ District Owned District Owned			
4DRBUAAP55B975356		486				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the	e legal entity			f state/county th budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
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PASSENGER INFORMATION			ELEMENTAR	Y RIE	DERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergal this route	rten pu	ıpils riding	(Grades		_	(Grades 9-1		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/	Kinderg	arten riders)				_		
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Signature - Chair, Board of Trustees	•	a by and will	iii ale tansportation	SCIVI	oc area assig	nod by the obuilty Hall	Date	minuto.
This Application for Registration area assigned to it by the Coun	n of Sc	hool Bus and	d State Reimburseme			ordance with Section 2 ved and I certify that this		
Signature - Chair, County Transport	•						Date	



Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Silver Bow Butte Public Schools 0840 1212 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage SE4 15.6 77 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4DRBUAAP15B975354 488 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0840 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER **NUMBER** a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



Date

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1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501
Helena, MT 59620-2501

State Reimbursement
School Year 2005 - 2006

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that	
<b>Due Dates:</b> All Routes				County Supt ober 1	<b>To OPI</b> October 15	1	Rate Per Mile \$1.57	
County Name			County Number	District Nar	me		Legal Entity Number	
Silver Bow			47	Butte Pu	blic Schools		0840 1212	
Route #	Leng	th of Route	(miles per day)	Type of Se	rvice   Bus Route Mi		Rated Capacity	
В	19			Rue Pour	□ Non Bus Mile te Mileage	age	77	
Vehicle I.D. #	ļ <u> </u>	License #		□ District Ow		District Own		
4DRBUAAP85B975352		523		□ Contract -	If so, Name of Owner drate per mile			
Reimbursement Distribution- Er	nter the	legal entity			y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0840		Legal Entity 12		natch budget! Legal Entity	/	Legal Entity		
% 50.00		% 50.	00	%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergar this route	ten pur	pils riding	ELEMENTARY (Grades P		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kinderga	arten riders)	NOWIDE	.ix	NOWIDE	`	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service	)						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	that would gible)							
TOTAL RIDERS								
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This Application for Registration	of Sch	nool Bus and	State Reimbursemen		cordance with Section 2 wed and I certify that this			
area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date								



1 copy State Supt. 1 copy County Supt. 1 copy School District

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<b>Due Dates:</b> All Routes			To County Supt October 1		<b>To OPI</b> October 15	l	Rate Per Mile \$1.57	
County Name			County Number		District Nam	ne		Legal Entity Number
Silver Bow			47		Butte Pub	olic Schools		0840 1212
Route #	Lengt	h of Route (	(miles per day)		Type of Ser	rvice   Bus Route Mi		Rated Capacity
Н	20				Bus Rout	□ Non Bus Mile te Mileage	age	76
Vehicle I.D. #	L	License #			District Ow	ned [	District Own	ed
1HVBBAAP4TH280719	į	556				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the	legal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		t matc	h budget! Legal Entity	,	Legal Entit	ry
0840		12	212					
0/ 50.00		0/ 50	00		%		%	
% 50.00  PASSENGER INFORMATION	_	% 50.	00		70		70	
	rton nun	ilo ridio a	ELEMENTAR (Crades		_	HIGH SCHOOL	_	TOTAL
Number of Preschool/Kindergar this route	rten pup	olis riding	(Grades	PK-8	)	(Grades 9-	12)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/h	Kinderga	rten riders)	NOWL	JLIN		NOWBE	`	a 1 b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
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TOTAL RIDERS								
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accordance with 20-10-132, MCA.  I certify that this application for it	registrat	tion of scho	ol bus and state reim	burse	ement is true a	and complete to the bes	st of my knowle	edge and belief, and the
bus operates on the route as ap Signature - Chair, Board of Trustees	proved							
Organica Origin, Dodin or Trustees							Duic	
This Application for Registration area assigned to it by the County	of Sch	ool Bus and	State Reimburseme			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	



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<b>Due Dates:</b> All Routes		To County Supt October 1		<b>To OPI</b> October 15		Rate Per Mile \$1.57		
County Name		County Number	District Nan	ne		Legal Entity Number		
Silver Bow		47	Ramsav	Elementary		0842		
Route # Le	ength of Route	(miles per day)	Type of Sei	rvice   Bus Route Mi		Rated Capacity		
3 25	5.7		Bus Rout	□ Non Bus Mile te Mileage	age	72		
Vehicle I.D. #	License #		•	District Owned District Owned				
1BABHC0A94F214610	679			If so, Name of Owner I rate per mile				
Reimbursement Distribution- Enter	the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0842	Legal Entity		atch budget! Legal Entity	,	Legal Entit	ity		
% 100.00	%		%		%			
PASSENGER INFORMATION	70		70		70			
Number of Preschool/Kindergarten this route	pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kinde	ergarten riders)	HOMBE		NOWBE	<u> </u>	d i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Ser	vice							
TOTAL ELIGIBLE RIDERS								
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Nonpublic School Riders (ineligible)	ii iideis)							
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area assigned to it by the County Transportation		committee.			Date			



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